

# INSTRUCTIONS FOR EMERGENCY ANIMAL TREATMENT AND CARE

(Version 11/02)

(UPDATE ANNUALLY)

Principal Investigator: \_\_\_\_\_ Date form completed: \_\_\_\_\_  
Protocol Number: \_\_\_\_\_  
Office Phone: \_\_\_\_\_  
Home Phone: \_\_\_\_\_

Protocol  
Title: \_\_\_\_\_

Use a separate form if *care is different* for each species

Species: \_\_\_\_\_ Species: \_\_\_\_\_  
Species: \_\_\_\_\_ Species: \_\_\_\_\_

Animal Housing Location: \_\_\_\_\_ Bldg \_\_\_\_\_  
*Use separate form if care differs by location* Bldg \_\_\_\_\_  
Bldg \_\_\_\_\_

## List of Procedures:

(surgery, tumor implant, catheter) \_\_\_\_\_

Primary Point of Contact (P.O.C.) in Case of Emergency: \_\_\_\_\_

Work \_\_\_\_\_ Home Tel: \_\_\_\_\_ Beeper or Cell #: \_\_\_\_\_  
Tel: \_\_\_\_\_

Alternate Point of Contact in Case of Emergency: \_\_\_\_\_

Work \_\_\_\_\_ Home Tel: \_\_\_\_\_ Beeper or Cell #: \_\_\_\_\_  
Tel: \_\_\_\_\_

Potential or Expected Complications: \_\_\_\_\_

Circumstances Requiring Contact: \_\_\_\_\_

Treatment (indicate appropriate response):

Treatment determined by **veterinarian**: ☐ Yes ☐ No

If **NO**, specify **restrictions** as follows: \_\_\_\_\_

**Specific treatment** as follows: \_\_\_\_\_

What **drugs** are **contraindicated**? \_\_\_\_\_

Criteria for **Euthanasia** (indicate appropriate response)

At Vet discretion if poor condition, severe pain or distress ☐ Yes ☐ No

If **NO**, specify treatments or restrictions: \_\_\_\_\_

Notify P.O.C. ☐ \*Yes ☐ No

Requested **euthanasia agent and route of administration**: \_\_\_\_\_

Specific **criteria** for **euthanasia**: \_\_\_\_\_

If **Euthanasia** is performed or animals are found dead:

a. Contact P.O.C.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Refrigerate carcass	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Dispose of carcass	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Submit to VRP for necropsy	<input type="checkbox"/> Yes	<input type="checkbox"/> No

CAN number to use for submission: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

Principal Investigator: \_\_\_\_\_

Signature

Date

**\* The veterinarian will take the appropriate action in an emergency if no response from the PI/POC is received within a half hour after an attempt at notification is made.**